

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HEALTH AND RECOVERY SERVICES ADMINISTRATION
Olympia, Washington**

To: DME Providers
Pharmacists
Managed Care Organizations

Memorandum No: 06-63
Issued: June 28, 2006

From: Douglas Porter, Assistant Secretary
Health and Recovery Services
Administration (HRSA)

For information, contact:
800.562.3022 or
<http://maa.dshs.wa.gov/contact/prucontact.asp>

Subject: Wheelchairs, Durable Medical Equipment (DME), and Supplies: Fee Schedule Changes

Retroactive to dates of service on and after April 1, 2006, HRSA has revised the fee schedule for the Wheelchairs, Durable Medical Equipment (DME), and Supplies program to match the Healthcare Common Procedure Coding System (HCPCS) Level II rates.

What has changed?

Retroactive to dates of service on and after April 1, 2006, HRSA has revised the Wheelchair and Other DME fee schedules located within the *Wheelchairs, Durable Medical Equipment (DME), and Supplies Billing Instructions*.

The new 2006 additions and deletions are available on the HRSA Fee Schedules web page. Visit our website at <http://maa.dshs.wa.gov>. To view a current fee schedule, click **Provider Publications/Fee Schedules**, then **Accept**, then **Fee Schedules**.

Bill HRSA your usual and customary charges.

Billing Instructions Replacement Pages

Attached are the following pages for HRSA's current *Wheelchair, Durable Medical Equipment (DME), and Supplies Billing Instructions*:

Pages	Replace/New
i-iv	Replace old pages i-iv
D.11-D.50	New pages*
E.5-40	Replace old pages E.5-E.8*
I.1-I.2	Replace old pages I.1-I.26
J.1-J.2	Replace old pages J.1-J.28
Appendix C-Fee Schedule	New pages

* Pages D.11-D.50 and E.5-E.40 contain new "coverage" tables. These tables do not contain any new information. The information is simply reorganized to make it easier for the provider to access.

How do I conduct business electronically with HRSA?

You may conduct business electronically with HRSA by accessing the WAMedWeb at <http://wamedweb.acs-inc.com>.

How can I get HRSA's provider issuances?

To obtain DSHS/HRSA provider numbered memoranda and billing instruction, go to the DSHS/HRSA website at <http://hrsa.dshs.wa.gov> (click *the Billing Instructions and Numbered Memorandum* link). These may be downloaded and printed.

Table of Contents

Important Contacts	iv
Section A: Definitions	A.1
Section B: About the Program	
What is the purpose of the Wheelchairs, Durable Medical Equipment (DME), and Supplies Program?	B.1
Section C: Client Eligibility	
Who is eligible?	C.1
Are clients enrolled in managed care eligible?	C.2
Are clients enrolled in Primary Care Case Management (PCCM) eligible?	C.2
Section D: Coverage	
What is covered?	D.1
What are the general conditions of coverage?	D.1
What are other specific conditions of coverage?	D.2
Clients Residing in a Nursing Facility	D.2
Augmentative Communication Devices (ACD)	D.3
Bathroom/Shower Equipment	D.4
Hospital Beds	D.4
What if a service is covered but considered experimental or has restrictions or limitations?	D.5
How can I request that equipment/supplies be added to the “covered” list in this billing instruction?	D.5
What is not covered?	D.6
“Other” DME Coverage Table	D.11
Section E: Wheelchairs	
Wheelchair Coverage	E.1
Manual Wheelchairs	E.1
Powerdrive Wheelchairs	E.3
Coverage of Multiple Wheelchairs	E.4
Wheelchair Coverage Table	E.5
Wheelchair Modifications, Accessories, and Repairs Coverage Table	E.15
Physical/Occupational Therapy Wheelchair Evaluation	
Form For Nursing Facility Clients	E.39
Wheelchair Purchase Evaluation Form (for home clients only)	E.41

Table of Contents (Cont.)

Section F: Provider Requirements

Who is eligible for reimbursement by MAA for providing Wheelchairs, DME, and Related Supplies and Services?	F.1
--	-----

Section G: Authorization

What is prior authorization?	G.1
Which items and services require prior authorization?	G.1
General Policies for Prior Authorization	G.2
What is a Limitation Extension?	G.3
What is expedited prior authorization?	G.4
EPA Criteria Coding List	G.6
Low Air Loss Therapy Systems Form	G.15

Section H: Reimbursement

General Reimbursement for DME and Related Supplies and Services	H.1
What criteria does MAA use to determine whether to purchase or rent DME for clients?	H.2
Purchased DME and Related Supplies	H.2
Rented DME and Related Supplies	H.4
When does MAA not reimburse under fee-for-service?	H.5
DME and Supplies Provided in a Physician's Office	H.5
Warranty	H.6

Section I: Wheelchair Fee Schedule

Section J: Other Durable Medical Equipment Fee Schedule

Section K: Billing

What is the time limit for billing?	K.1
What fee should I bill MAA for eligible clients?	K.2
How do I bill for services provided to PCCM clients?	K.2
How do I bill for clients who are eligible for both Medicare and Medicaid?	K.3
Third-Party Liability	K.5
What records must be kept?	K.6

Section L: How to Complete the HCFA-1500 Claim Form

General Guidelines	L.1
Sample HCFA-1500 Claim Form with Prior Authorization Requested	L.6
Sample HCFA-1500 Claim Form for Wheelchair Purchase	L.7
Sample HCFA-1500 Claim Form with Expedited Prior Authorization Requested	L.8

Table of Contents (Cont.)

Section M: Common Questions Regarding Medicare Part B/ Medicaid Crossover Claims	M.1
How to Complete the HCFA-1500 Claim Form for Medicare Part B/Medicaid Crossovers	
General Guidelines.....	M.3
Sample HCFA-1500 Medicare Part B/Medicaid Crossover Form	M.8
Appendix A: Reimbursement Methodology for Wheelchairs	1
Appendix B: Reimbursement Methodology for Other DME	2
Appendix C: Fee Schedule.....	5

Important Contacts

A provider may use HRSA's toll-free lines for questions regarding its programs; however, HRSA's response is based solely on the information provided to the [HRSA] representative at the time of the call or inquiry, and in no way exempts a provider from following the rules and regulations that govern HRSA's programs. [WAC 388-502-0020(2)].

Where do I call for information on becoming a DSHS provider, submitting a change of address or ownership, or to ask questions about the status of a provider application?

Call the toll-free line:
866.545.0544

Where do I send my claims?

Division of Program Support
PO Box 9247
Olympia WA 98507-9247

How do I request prior authorization?

All authorization issues, questions or comments should be addressed to:

Write/Call:
Division of Medical Management
Durable Medical Equipment
PO Box 45506
800.292.8064
360.586.5299 (fax)

How do I request a Limitation Extension?

Write/Call:
Division of Medical Management
Durable Medical Equipment
PO Box 45506
Olympia, WA 98504-5506
800.292.8064
360.586.5299 (fax)

Who do I contact about the actual reimbursement rate listed in the fee schedule?

DME - Program Manager
Professional Reimbursement
Division of Business and Finance
PO Box 45510
Olympia, WA 98504-5510
360.753.9152 (fax)

Who do I contact if I have questions regarding...

Policy, payments, denials, general questions regarding claims processing, Healthy Options, or to request billing instructions?

Provider Relations Section
800.562.6188

Private insurance or third-party liability, other than Healthy Options?

Coordination of Benefits Section
800.562.6136

How do I obtain copies of billing instructions or numbered memoranda?

Go to HRSA's web site at:
<http://maa.dshs.wa.gov>, **Provider Publications/Fee Schedules link.**

“Other” DME Coverage Table

Beds, Mattresses, and Related Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A4640	RP	Replacement pad for use with medically necessary alternating pressure pad owned by patient.	No	Purchase only. Included in nursing facility daily rate.
	A6550		Dressing set for negative pressure wound therapy electrical pump, stationary or portable, each.	Yes	Purchase only.
	A6551		Canister set for negative pressure wound therapy electrical pump, stationary or portable, each.	Yes	Purchase only.
	E0180	NU RR	Pressure pad, alternating with pump.	Rental requires PA.	Deemed purchased after 1 year's rental. Included in nursing facility daily rate.
	E0181	NU RR	Pressure pad, alternating with pump; heavy duty. For clients over 250 lbs.	Rental requires PA.	Deemed purchased after 1 year's rental. Included in nursing facility daily rate.

= Not covered by the DME program.
Ø = Not covered by DSHS.

D = Discontinued.
N = New

P = Policy change

Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	E0182		Pump for alternating pressure pad.	No	Replacement purchase only. Included in nursing facility daily rate.
	E0184		Dry pressure mattress.	No	Purchase only. Included in nursing facility daily rate.
	E0185	NU RR	Gel or gel-like pressure pad for mattress.	Rental requires PA.	Deemed purchased after 1 year's rental. Included in nursing facility daily rate.
	E0186	NU RR	Air pressure mattress.	Rental requires PA.	For powered pressure reducing mattress see code E0277. Deemed purchased after 1 year's rental. Included in nursing facility daily rate.
#	E0187		Water pressure mattress.		
	E0190		Positioning cushion/pillow/wedge, any shape or size.	No	Purchase only. Included in nursing facility daily rate.
#	E0193		Powered air flotation bed (low air loss therapy).		

= Not covered by the DME program.
 Ø = Not covered by DSHS.

D = Discontinued.
 N = New

P = Policy change

Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPDS Code	Modifier	Description	PA?	Policy/ Comments
	E0194	NU RR	Air fluidized bed.	PA or EPA. See EPA Section G.	Deemed purchased after 1 year's rental.
	E0196		Gel pressure mattress.	Yes	Purchase only. Included in nursing facility daily rate.
	E0197	NU RR	Air pressure pad for mattress (standard mattress length and width).	Rental requires PA.	Deemed purchased after 1 year's rental. Included in nursing facility daily rate.
	E0198		Water pressure pad for mattress, standard mattress length and width.	No	Purchase only. Included in nursing facility rate.
	E0199		Dry pressure pad for mattress, standard mattress length and width.	No	Purchase only. Included in nursing facility daily rate.
#	E0250		Hospital bed, fixed height, with any type side rails, with mattress.		
#	E0251		Hospital bed, fixed height, with any type side rails, without mattress.		
#	E0255		Hospital bed, variable height, hi-lo, with any type side rails, with mattress.		See E0292 and E0305 or E0310.

= Not covered by the DME program.
Ø = Not covered by DSHS.

D = Discontinued.
N = New

P = Policy change

Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
#	E0256		Hospital bed, variable height, hi-lo, with any type side rails, without mattress.		See E0293 and E0305 or E0310.
#	E0260		Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress.		See E0294 and E0305 or E0310.
#	E0261		Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress.		See E0295 and E0305 or E0310.
#	E0265		Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, with mattress.		See E0296 and E0305 or E0310.
#	E0266		Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, without mattress.		See E0297 and E0305 or E0310.
#	E0270		Hospital bed, institutional type includes: oscillating, circulating and stryker frame, with mattress.		
	E0271	NU	Mattress, inner spring.	No	Included in nursing facility daily rate. Replacement only.

= Not covered by the DME program.
 Ø = Not covered by DSHS.

D = Discontinued.
 N = New

P = Policy change

Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	E0272		Mattress, foam rubber (replacement only).	No	Included in nursing facility daily rate. Purchase only.
#	E0273		Bed board.		
#	E0274		Over-bed table.		
	E0277	NU RR	Powered pressure-reducing air mattress.	PA or EPA. See EPA Section G.	Deemed purchased after 1 year's rental.
#	E0280		Bed cradle, any type.		
#	E0290		Hospital bed, fixed height, without side rails, with mattress.		
#	E0291		Hospital bed, fixed height, without side rails, with mattress.		
	E0292	NU RR	Hospital bed, variable height, hi-lo, without side rails, with mattress.	PA or EPA. See EPA Section G.	Deemed purchased after 1 year's rental. Included in the nursing facility daily rate.
	E0293	NU RR	Hospital bed, variable height, hi-lo, without side rails, without mattress.	Yes	Deemed purchased after 1 year's rental. Included in nursing facility daily rate.

= Not covered by the DME program.
 Ø = Not covered by DSHS.

D = Discontinued.
 N = New

P = Policy change

Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	E0294	NU RR	Hospital bed, semi-electric (head and foot adjustments), without side rails, with mattress.	PA or EPA. See EPA Section G.	Deemed purchased after 1 year's rental. Included in nursing facility daily rate.
	E0295	NU RR	Hospital bed, semi-electric (head and foot adjustments), without side rails, without mattress.	Yes	Deemed purchased after 1 year's rental. Included in nursing facility daily rate.
	E0296	NU RR	Hospital bed, total electric (head, foot, and height adjustments), without side rails, with mattress.	Yes	Deemed purchased after 1 year's rental. Included in nursing facility daily rate.
	E0297	NU RR	Hospital bed, total electric (head, foot, and height adjustments), without side rails, without mattress.	Yes	Deemed purchased after 1 year's rental. Included in nursing facility daily rate.

= Not covered by the DME program.
Ø = Not covered by DSHS.

D = Discontinued.
N = New

P = Policy change

Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	E0300	NU RR	Pediatric crib, hospital grade, fully enclosed.	Yes	Deemed purchased after 1 year's rental. Included in nursing facility daily rate.
#	E0301		Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, without mattress.		
#	E0302		Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress.		
	E0303	NU RR	Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, with mattress.	Yes	Deemed purchased after 1 year's rental.
	E0304	NU RR	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress.	Yes	Deemed purchased after 1 year's rental.

= Not covered by the DME program.
 Ø = Not covered by DSHS.

D = Discontinued.
 N = New

P = Policy change

Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	E0305	NU RR	Bedside rails, half length, pair.	Rental requires PA or EPA. See EPA Section G.	Deemed purchased after 1 year's rental. Included in nursing facility daily rate.
	E0310	NU RR	Bedside rails, full length, pair.	Rental requires PA or EPA. See EPA Section G.	Deemed purchased after 1 year's rental. Included in nursing facility daily rate.
#	E0315		Bed accessory: board, table, or support device, any type.	No	
	E0316		Safety enclosure frame/canopy for use with hospital bed, any type.	Yes	Purchase only. Included in nursing facility daily rate.
#	E0370		Air pressure elevator for heel.	No	
	E0371	NU RR	Nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width.	PA or EPA. See EPA Section G.	Deemed purchased after 1 year's rental.
	E0372	NU RR	Powered air overlay for mattress, standard mattress length and width.	PA or EPA. See EPA Section G.	Deemed purchased after 1 year's rental.
	E0373	NU RR	Nonpowered advanced pressure reducing mattress.	PA or EPA. See EPA Section G.	Deemed purchased after 1 year's rental.

= Not covered by the DME program.
 Ø = Not covered by DSHS.

D = Discontinued.
 N = New

P = Policy change

Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	E2402	RR	Negative pressure wound therapy electrical pump, stationary or portable.	Yes	Rental only.

Other Patient Room Equipment

	E0621		Sling or seat, patient lift, canvas or nylon.	No	Purchase only. Included in nursing facility daily rate.
#	E0625		Patient lift, bathroom or toilet, not otherwise classified.	No	
#	E0627		Seat lift mechanism incorporated into a combination lift-chair mechanism.	No	
#	E0628		Separate seat lift mechanism for use with patient owned furniture - electric.	No	
#	E0629		Separate seat lift mechanism for use with patient owned furniture - nonelectric.	No	
	E0630	NU RR	Patient lift, hydraulic, with seat or sling.	Rental requires PA.	Deemed purchased after 1 year's rental. (Includes bath.) Included in nursing facility daily rate.

= Not covered by the DME program.
 Ø = Not covered by DSHS.

D = Discontinued.
 N = New

P = Policy change

Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	E0635	NU RR	Patient lift, electric, with seat or sling.	Yes	Deemed purchased after 1 year's rental. Included in nursing facility daily rate.
#	E0636		Multipositional patient support system, with integrated lift, patient accessible controls.		
#	E0639		Patient lift, moveable from room to room with disassembly and reassembly, includes all components/accessories.		
#	E0640		Patient lift, fixed system, includes all components/accessories.		
#	E0769		Electrical stimulation or electromagnetic wound treatment device, not otherwise classified.		
#	E0830		Ambulatory traction device, all types, each.		
	E0840		Traction frame, attached to headboard, cervical traction.	No	Purchase only. Included in nursing facility daily rate.
#	E0841		Multi-directional static progressive stretch shoulder device, with range of motion adjustability, includes cuffs.		

= Not covered by the DME program.
 Ø = Not covered by DSHS.

D = Discontinued.
 N = New

P = Policy change

Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
#	E0849		Traction equipment, cervical, free-standing stand/frame, pneumatic, applying traction force to other than mandible.		
	E0850		Traction stand, freestanding, cervical traction.	No	Purchase only. Included in nursing facility daily rate.
#	E0855		Cervical traction equipment not requiring additional stand or frame.		
	E0860		Traction equipment, overdoor, cervical.	No	Purchase only. Included in nursing facility daily rate.
	E0870		Traction frame, attached to footboard, simple extremity traction (e.g. Buck's).	No	Purchase only. Included in nursing facility daily rate.
	E0880		Traction stand, freestanding, extremity traction (e.g., Buck's).	No	Purchase only. Included in nursing facility daily rate.
	E0890		Traction frame, attached to footboard, pelvic traction.	No	Purchase only. Included in nursing facility daily rate.
	E0900		Traction stand, freestanding, pelvic traction (e.g., Buck's).	No	Purchase only. Included in nursing facility daily rate.

= Not covered by the DME program.
Ø = Not covered by DSHS.

D = Discontinued.
N = New

P = Policy change

Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	E0910	NU RR	Trapeze bar, also known as patient helper, attached to bed with grab bar.	Rental requires PA.	Deemed purchased after 1 year's rental. Included in nursing facility daily rate.
	E0911	NU RR	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, attached to bed with grab bar	Rental requires PA.	Deemed purchased after 1 year's rental. Included in nursing facility daily rate.
	E0912	NU RR	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, free standing, complete with grab bar.	Rental requires PA.	Deemed purchased after 1 year's rental. Included in nursing facility daily rate.
	E0920	NU RR	Fracture frame, attached to bed. Includes weights.	Rental requires PA.	Deemed purchased after 1 year's rental. Included in nursing facility daily rate.
	E0930	NU RR	Fracture frame, freestanding, includes weights.	Rental requires PA.	Deemed purchased after 1 year's rental. Included in nursing facility daily rate.

= Not covered by the DME program.
Ø = Not covered by DSHS.

D = Discontinued.
N = New

P = Policy change

Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	E0940	NU RR	Trapeze bar, freestanding, complete with grab bar.	Rental requires PA.	Deemed purchased after 1 year's rental. Included in nursing facility daily rate.
	E0941	NU RR	Gravity assisted traction device, any type.	Rental requires PA.	Deemed purchased after 1 year's rental. Included in nursing facility daily rate.
	E0946	NU RR	Fracture frame, dual with cross bars, attached to bed (e.g., Balken, 4-poster).	Rental requires PA	Deemed purchased after 1 year's rental. Included in nursing facility daily rate.
	E0947		Fracture frame, attachments for complex pelvic traction.	No	Purchase only. Included in nursing facility daily rate.
	E0948		Fracture frame, attachments for complex cervical traction.	No	Purchase only. Included in nursing facility daily rate.
	E0972		Wheelchair accessory, transfer board or device, each.	No	Purchase only. Included in nursing facility daily rate.

= Not covered by the DME program.
Ø = Not covered by DSHS.

D = Discontinued.
N = New

P = Policy change

Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	E0705		Transfer board or device, any type, each.	No	Purchase only. Included in nursing facility daily rate.

Positioning Devices

	E0637	NU RR	Combination sit to stand system, any size including pediatric, with seat lift feature, with or without wheels (includes padded seat, knee support, foot plates, foot straps, formed table and cup holder and hydraulic actuator).	Yes	Deemed purchased after one year's rental. Included in nursing facility daily rate.
	E0638		Standing frame system, any size including pediatric, with or without wheels (includes padding, straps, adjustable armrests, footboard and support blocks).	No	Limit of 1 per client every 5 years. Purchase only. Included in nursing facility daily rate.
#	E0641		Standing frame system, multi-position (e.g. three-way stander), any size including pediatric, (includes padding, straps, adjustable armrests, footboard and support blocks.)		

= Not covered by the DME program.
Ø = Not covered by DSHS.

D = Discontinued.
N = New

P = Policy change

Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
#	E0642		Standing frame system, mobile dynamic stander, any size including pediatric, (includes padding, straps, adjustable armrests, footboard and support blocks.)		
	E1399	NU	Durable medical equipment, miscellaneous. (Prone stander, child size (child up to 48" tall). Includes padding, chest and foot straps).	<i>EPA #870000755 must be used when billing this item. See EPA Section G.</i>	Limit of 1 per client every 5 years. Purchase only. Included in nursing facility daily rate.
	E1399	NU	Durable medical equipment, miscellaneous. (Prone stander, youth size (youth up to 58" tall). Includes padding, chest and foot straps).	<i>EPA #870000756 must be used when billing this item. See EPA Section G.</i>	Limit of 1 per client every 5 years. Purchase only. Included in nursing facility daily rate.
	E1399	NU	Durable medical equipment, miscellaneous. (Prone stander, infant size (infant up to 38" tall). Includes padding, chest and foot straps).	<i>EPA #870000757 must be used when billing this item. See EPA Section G.</i>	Limit of 1 per client every 5 years. Purchase only. Included in nursing facility daily rate.

= Not covered by the DME program.
 Ø = Not covered by DSHS.

D = Discontinued.
 N = New

P = Policy change

Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	E1399	NU	Durable medical equipment, miscellaneous. (Prone stander, adult size (adult up to 75" tall). Includes padding, chest and foot straps).	<i>EPA #870000758 must be used when billing this item. See EPA Section G.</i>	Limit of 1 per client every 5 years. Purchase only. Included in nursing facility daily rate.

Noninvasive Bone Growth/Nerve Stimulators

#	E0720		TENS, two lead, localized stimulation.		
	E0730	NU RR	Transcutaneous electrical nerve stimulation device, four or more leads, for multiple nerve stimulation. Includes 4 lead wires, 4 electrodes, battery charger and gel.	PA or EPA. See EPA Section G.	
#	E0731		Form-fitting conductive garment for delivery of TENS or NMES (with conductive fibers separated from the patient's skin by layers of fabric).		
	E0740	NU RR	Incontinence treatment system, pelvic floor stimulator, monitor, sensor and/or trainer.	Yes	Deemed purchased after 1 year's rental. Included in nursing facility daily rate.

= Not covered by the DME program.
 Ø = Not covered by DSHS.

D = Discontinued.
 N = New

P = Policy change

Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
#	E0744		Neuromuscular stimulator for scoliosis.		
#	E0745		Neuromuscular stimulator, electronic shock unit.		
#	E0746		Electromyography (EMG) biofeedback device.		
	E0747		Osteogenesis stimulator, electrical noninvasive, other than spinal applications.	PA or EPA. See EPA Section G.	Purchase only.
	E0748		Osteogenesis stimulator, electrical noninvasive, spinal applications.	PA or EPA. See EPA Section G.	Purchase only.
#	E0749		Osteogenesis stimulator, electrical, surgically implanted.		
#	E0752		Implantable neurostimulator electrode, each.		
#	E0754		Patient programmer (external) for use with implantable programmable neurostimulator pulse generator.		
#	E0755		Electronic salivary reflex stimulator (intraoral/noninvasive).		
#	E0756		Implantable neurostimulator pulse generator.		

= Not covered by the DME program.
 Ø = Not covered by DSHS.

D = Discontinued.
 N = New

P = Policy change

Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
#	E0757		Implantable neurostimulator radiofrequency receiver.		
#	E0758		Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver.		
#	E0759		Radiofrequency transmitter (external) for use with implantable sacral root neurostimulator receiver for bowel and bladder management, replacement.		
	E0760		Osteogenesis stimulator, low intensity ultrasound, noninvasive.	PA or EPA. See EPA Section G.	Purchase only.
#	E0761		Non-thermal pulsed high frequency radiowaves, high peak power electromagnetic energy treatment device.		
#	E0762		Transcutaneous electrical joint stimulation device system, includes all accessories.		
#	E0764		Functional neuromuscular stimulator, transcutaneous stimulation of muscles of ambulation with computer control, used for walking by spinal cord injured.		

= Not covered by the DME program.
 Ø = Not covered by DSHS.

D = Discontinued.
 N = New

P = Policy change

Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
#	E0765		FDA approved nerve stimulator, with replaceable batteries, for treatment of nausea and vomiting.		
#	K0600		Functional neuromuscular stimulator, transcutaneous stimulation of muscles of ambulation with computer control, used for walking by spinal cord injured, entire system, after completion of training program.		

Communication Devices

#	E1902		Communication board, non-electronic augmentative or alternative communication device.		
	E2500		Speech generating device, digitized speech, using pre-recorded messages, less than or equal to 8 minutes recording time.	No	Purchase only.
	E2502		Speech generating device, digitized speech, using pre-recorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time.	Yes	Purchase only.

= Not covered by the DME program.
 Ø = Not covered by DSHS.

D = Discontinued.
 N = New

P = Policy change

Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	E2504		Speech generating device, digitized speech, using pre-recorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time.	Yes	Purchase only.
	E2506		Speech generating device, digitized speech, using pre-recorded messages, greater than 40 minutes recording time.	Yes	Purchase only.
	E2508		Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device.	Yes	Purchase only.
	E2510		Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access.	Yes	Purchase only.
#	E2511		Speech generating software program, for personal computer or personal digital assistant.		
	E2512		Accessory for speech generating device, mounting system.	Yes	Purchase only.
	E2599		Accessory for speech generating device, not otherwise classified.	Yes	Purchase only.

= Not covered by the DME program.
 Ø = Not covered by DSHS.

D = Discontinued.
 N = New

P = Policy change

Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	L8500		Artificial larynx, any type.	Yes	Purchase only.

Ambulatory Aids

	A4635		Underarm pad, crutch, replacement, each.	No	Purchase only. Included in nursing facility daily rate.
	A4636		Replacement handgrip, cane, crutch, or walker, each.	No	Purchase only. Included in nursing facility daily rate.
	A4637		Replacement tip, cane, crutch, or walker, each.	No	Purchase only. Included in nursing facility daily rate.
	E0100		Cane; includes canes of all materials; adjustable or fixed, with tip.	No	Purchase only. Included in nursing facility daily rate.
	E0105		Cane, quad or three-prong; includes canes of all materials; adjustable or fixed, with tip.	No	Purchase only. Included in nursing facility daily rate.
	E0110		Crutches, forearm; includes crutches of various materials, adjustable or fixed; complete with tips and handgrips.	No	Purchase only. Included in nursing facility daily rate.

= Not covered by the DME program.
 Ø = Not covered by DSHS.

D = Discontinued.
 N = New

P = Policy change

Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	E0111		Crutches, forearm, includes crutches of various materials, adjustable or fixed, each, with tip and handgrip.	No	Purchase only. Included in nursing facility daily rate.
	E0112		Crutches, underarm, wood, adjustable or fixed, per pair, with pads, tips/handgrips.	No	Purchase only. Included in nursing facility daily rate.
	E0113		Crutch, underarm; wood; adjustable or fixed; each, with pad, tip and handgrip.	No	Purchase only. Included in nursing facility daily rate.
	E0114		Crutches, underarm; other than wood; adjustable or fixed; per pair, with pads, tips and handgrips.	No	Purchase only. Included in nursing facility daily rate.
	E0116		Crutch, underarm; other than wood; adjustable or fixed; each, with pad, tip and handgrip, with or without shock absorber, each.	No	Purchase only. Included in nursing facility daily rate.
	E0117		Crutch, underarm, articulating, spring assisted, each.	Yes	Purchase only.
#	E0118		Crutch substitute, lower leg platform, with or without wheels, each.		
#	E8000		Gait trainer, pediatric size, posterior support, includes all accessories and components.		See code E8001.

= Not covered by the DME program.
 Ø = Not covered by DSHS.

D = Discontinued.
 N = New

P = Policy change

Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPSC Code	Modifier	Description	PA?	Policy/ Comments
	E8001		Gait trainer, pediatric size, upright support, includes all accessories and components.	Yes	Purchase only. Included in nursing facility daily rate.
#	E8002		Gait trainer, pediatric size, anterior support, includes all accessories and components.		See code E8001.
	E0130		Walker, rigid (pickup), adjustable or fixed height.	No	Purchase only. Included in nursing facility daily rate.
	E0135		Walker; folding (pickup), adjustable or fixed height.	No	Purchase only. Included in nursing facility daily rate.
	E0140		Walker, with trunk support, adjustable or fixed height, any type.	No	Purchase only. Included in nursing facility daily rate.
	E0141		Walker, rigid, wheeled, adjustable or fixed height.	No	Purchase only. Included in nursing facility daily rate.
	E0143		Walker, folding, wheeled, adjustable or fixed height.	No	Purchase only. Included in nursing facility rate.

= Not covered by the DME program.
 Ø = Not covered by DSHS.

D = Discontinued.
 N = New

P = Policy change

Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	E0144		Walker, enclosed, four sided framed, rigid or folding, wheeled with posterior seat.	No	Purchase only. Included in nursing facility daily rate.
	E0147		Walker, heavy duty, multiple braking system, variable wheel resistance (over 250 lbs).	No	Purchase only. Included in nursing facility daily rate.
	E0148		Walker, heavy duty, without wheels, rigid or folding, any type (over 250lbs).	No	Purchase only. Included in nursing facility daily rate.
	E0149		Walker, heavy duty, wheeled, rigid or folding, any type (over 250 lbs).	No	Purchase only. Included in nursing facility daily rate.
	E0153		Platform attachment, forearm crutch, each.	No	Purchase only. Included in nursing facility daily rate.
	E0154		Platform attachment, walker, each.	No	Purchase only. Included in nursing facility daily rate.
	E0155		Wheel attachment, rigid pick-up walker, per pair seat attachment, walker.	No	Purchase only. Included in nursing facility daily rate.
	E0156		Seat attachment, walker.	No	Purchase only. Included in nursing facility daily rate.

= Not covered by the DME program.
Ø = Not covered by DSHS.

D = Discontinued.
N = New

P = Policy change

Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	E0157		Crutch attachment, walker, each.	No	Purchase only. Included in nursing facility daily rate.
	E0158		Leg extensions for walker, per set of four (4).	No	Purchase only. Included in nursing facility daily rate.
	E0159		Brake attachment for wheeled walker, replacement, each.	No	Purchase only. Included in nursing facility daily rate.

Bathroom Equipment

#	E0160		Sitz type bath or equipment, portable, used with or without commode.		
#	E0161		Sitz type bath or equipment, portable, used with or without commode, with faucet attachment(s).		
#	E0162		Sitz bath chair.		
	E0163	NU RR	Commode chair, stationary, with fixed arms.	Rental requires PA.	Deemed purchased after 1 year's rental. Included in nursing facility daily rate.

= Not covered by the DME program.
Ø = Not covered by DSHS.

D = Discontinued.
N = New

P = Policy change

Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	E0164	NU RR	Commode chair, mobile, with fixed arms.	Rental requires PA.	Deemed purchased after 1 year's rental. Included in nursing facility daily rate.
	E0165	NU RR	Commode chair, stationary, with detachable arms.	Rental requires PA.	Deemed purchased after 1 year's rental. Included in nursing facility daily rate.
	E0166	NU RR	Commode chair, mobile, with detachable arms.	Rental requires PA.	Deemed purchased after 1 year's rental. Included in nursing facility daily rate.
	E0167		Pail or pan, for use with commode chair.	No	Included in purchase price of commode. Purchase only. Included in nursing facility daily rate.
	E0168	NU RR	Commode chair, extra wide and/or heavy duty, stationary or mobile, with or without arms, any type, each.	Rental requires PA.	Deemed purchased after 1 year's rental. Included in nursing facility daily rate.
#	E0170		Commode chair with integrated seat lift mechanism, electric, any type.		

= Not covered by the DME program.
 Ø = Not covered by DSHS.

D = Discontinued.
 N = New

P = Policy change

Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
#	E0171		Commode chair with integrated seat lift mechanism, non-electric, any type.		
#	E0172		Seat lift mechanism placed over or on top of toilet, any type.		
	E0175		Foot rest, for use with commode chair, each.	Yes	Purchase only. Included in nursing facility daily rate.
#	E0240		Bath/shower chair, with or without wheels, any size.		
	E0241		Bathtub wall rail, each.	No	Purchase only. Included in nursing facility daily rate.
	E0242		Bathtub rail, floor base.	No	Purchase only. Included in nursing facility daily rate.
	E0243		Toilet rail, each.	No	Purchase only. Included in nursing facility daily rate.
	E0244		Raised toilet seat.	No	Purchase only. Included in nursing facility daily rate.

= Not covered by the DME program.
Ø = Not covered by DSHS.

D = Discontinued.
N = New

P = Policy change

Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	E0245		Tub stool or bench.	No	Purchase only. Included in nursing facility daily rate.
	E0246	NU	Transfer tub rail attachment, each.	No	Purchase only. Included in nursing facility daily rate.
	E0247		Transfer bench for tub or toilet with or without commode opening.	No	Purchase only. Included in nursing facility daily rate.
	E0248		Transfer bench, heavy duty, for tub or toilet with or without commode opening (over 250 lbs).	No	Purchase only. Included in nursing facility daily rate.
	E0275		Bed pan, standard, metal or plastic.	No	Purchase only. Included in nursing facility daily rate.
	E0276		Bed pan, fracture, metal or plastic.	No	Purchase only. Included in nursing facility daily rate.
	E0325		Urinal; male, jug-type, any material.	No	Purchase only. Included in nursing facility daily rate.
	E0326		Urinal; female, jug-type, any material.	No	Purchase only. Included in nursing facility daily rate.

= Not covered by the DME program.
Ø = Not covered by DSHS.

D = Discontinued.
N = New

P = Policy change

Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	E0350		Control unit for electronic bowel irrigation/evacuation system.	Yes	Purchase only. Included in nursing facility daily rate.
	E0352		Disposable pack (water reservoir bag, speculum, valving mechanism and collection bag/box) for use with the electronic bowel irrigation/evacuation system.	Yes	Purchase only. Included in nursing facility daily rate.
	E0700		Safety equipment (e.g., belt, harness or vest).	No	Purchase only. Included in the nursing facility daily rate.
	E1399	NU	Durable medical equipment, miscellaneous. (Bath seat without back).	<i>EPA #870000766 must be used when billing this item. See EPA Section G.</i>	Purchase only. Included in nursing facility daily rate.
	E1399	NU	Durable medical equipment, miscellaneous. (Shower, hand-held).	Purchase only. <i>EPA #870000759 must be used when billing this item. See EPA, Section G.</i>	Purchase only. Included in nursing facility daily rate.

= Not covered by the DME program.
 Ø = Not covered by DSHS.

D = Discontinued.
 N = New

P = Policy change

Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	E1399	NU RR	Durable medical equipment, miscellaneous. (Padded or unpadded shower/commode chair, wheeled, with casters).	Rental requires PA. <i>EPA #870000771 must be used when billing this item for purchase. See EPA Section G.</i>	Deemed purchased after 1 year's rental. Included in nursing facility daily rate.
	E1399	NU	Durable medical equipment, miscellaneous. (Adjustable bath/seat with back).	<i>EPA #870000772 must be used when billing this item. See EPA Section G.</i>	Purchase only. Included in nursing facility daily rate.
	E1399	NU	Durable medical equipment, miscellaneous. (Adjustable bath/shower chair with back, padded seat).	<i>EPA #870000773 must be used when billing this item. See EPA Section G.</i>	Purchase only. Included in nursing facility daily rate.
	E1399	NU	Durable medical equipment, miscellaneous. (Pediatric bath chair; includes head pad, chest and leg straps).	<i>EPA #870000774 must be used when billing this item. See EPA Section G.</i>	Purchase only. Included in nursing facility daily rate.

= Not covered by the DME program.
 Ø = Not covered by DSHS.

D = Discontinued.
 N = New

P = Policy change

Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	E1399	NU	Durable medical equipment, miscellaneous. (Youth bath chair, includes head pad, chest and leg straps).	<i>EPA #870000776 must be used when billing this item. See EPA Section G.</i>	Purchase only. Included in nursing facility daily rate.
	E1399	NU	Durable medical equipment, miscellaneous. (Adult bath chair, includes head pad, chest and leg straps).	<i>EPA #870000777 must be used when billing this item. See EPA Section G.</i>	Purchase only. Included in nursing facility daily rate.
	E1399	NU	Durable medical equipment, miscellaneous. (Potty chair, child, small/medium. Includes anterior/lateral support, hip strap, adjustable seat/back).	<i>EPA #870000778 must be used when billing this item. See EPA Section G.</i>	Purchase only. Included in nursing facility daily rate.
	E1399	NU	Durable medical equipment, miscellaneous. (Potty chair, child, large. Includes anterior/lateral support, hip strap, adjustable seat/back).	<i>EPA #870000779 must be used when billing this item. See EPA Section G.</i>	Purchase only. Included in nursing facility daily rate.

= Not covered by the DME program.
 Ø = Not covered by DSHS.

D = Discontinued.
 N = New

P = Policy change

Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	E1399	NU	Durable medical equipment, miscellaneous. [Heavy duty bath chair (for clients over 250 lbs.)].	<i>EPA #870000767 must be used when billing this item. See EPA Section G.</i>	Purchase only. Included in nursing facility daily rate.

Blood Monitoring

	A4660		Sphygmomanometer/blood pressure apparatus with cuff and stethoscope.	No	Purchase only.
	A4663		Blood pressure cuff only.	No	Purchase only.
	A4670		Automatic blood pressure monitor.	No	Purchase only.
#	A9275		Home glucose disposable monitor, include test strips.		
	E0607		Home blood glucose monitor.	No	Purchase only. Limit of 1 per client, per 3 years.
	E2100		Blood glucose monitor with integrated voice synthesizer.	Yes	Purchase only. Limit of 1 per client, per 3 years.
#	E2101		Blood glucose monitor with integrated lancing/blood sample.		

= Not covered by the DME program.
 Ø = Not covered by DSHS.

D = Discontinued.
 N = New

P = Policy change

Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPDS Code	Modifier	Description	PA?	Policy/ Comments
-----------------------------	---------------	----------	-------------	-----	---------------------

Support Devices/Orthotics

See the *Prosthetics and Orthotics Billing Instructions* for Support Devices/Orthotics Codes

Miscellaneous Durable Medical Equipment

	E0202	RR	Phototherapy (bilirubin) light with photometer.	No	Rental only. Includes all supplies. Limit of five days of rental per client per 12-month period.
	E0602		Breast pump, manual, any type.	No	Purchase only.
	E0603	RR	Breast pump, electric, AC and/or DC, any type.	PA or EPA. See EPA Section G.	Rental only.
	E0604	RR	Breast pump, heavy duty, hospital grade, piston operated, pulsatile vacuum suction/release cycles, vacuum regulator, supplies, transformer, electric, AC and/or DC.	PA or EPA. See EPA Section G.	Rental only.
	E0650	NU RR	Pneumatic compressor, nonsegmental home model.	Rental requires PA or EPA. See EPA Section G.	Deemed purchased after 1 year's rental. Included in nursing facility daily rate.

= Not covered by the DME program.
Ø = Not covered by DSHS.

D = Discontinued.
N = New

P = Policy change

Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
#	E0651		Pneumatic compressor, segmental home model without calibrated gradient pressure.		
#	E0652		Pneumatic compressor, segmental home model with calibrated gradient pressure.		
	E0655		Extremity sleeve: nonsegmental pneumatic appliance for use with pneumatic compressor, half arm.	No	Purchase only.
	E0660		Extremity sleeve: nonsegmental pneumatic appliance for use with pneumatic compressor, full leg.	No	Purchase only.
	E0665		Extremity sleeve: nonsegmental pneumatic appliance for use with pneumatic compressor, full arm.	No	Purchase only.
	E0666		Extremity sleeve: nonsegmental pneumatic appliance for use with pneumatic compressor, half leg.	No	Purchase only.
#	E0667		Segmental pneumatic appliance for use with pneumatic compressor, full leg		

= Not covered by the DME program.
Ø = Not covered by DSHS.

D = Discontinued.
N = New

P = Policy change

Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
#	E0668		Segmental pneumatic appliance for use with pneumatic compressor, full arm		
#	E0669		Segmental pneumatic appliance for use with pneumatic compressor, half leg		
#	E0671		Segmental gradient pressure pneumatic appliance, full leg.		
#	E0672		Segmental gradient pressure pneumatic appliance, full arm.		
#	E0673		Segmental gradient pressure pneumatic appliance, half leg.		
#	E0675		Pneumatic compression device, high pressure, rapid inflation/deflation cycle, for arterial insufficiency (unilateral or bilateral system).		
#	E0691		Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection; treatment area two square feet or less		

= Not covered by the DME program.
Ø = Not covered by DSHS.

D = Discontinued.
N = New

P = Policy change

Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
#	E0692		Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, four foot panel.		
#	E0693		Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, six foot panel.		
#	E0694		Ultraviolet multidirectional light therapy system in six foot cabinet, includes bulbs/lamps, timer and eye protection.		
	E0701		Helmet with face guard and soft interface material, prefabricated.	No	Limit of two per client per year. Purchase only. Included in nursing facility daily rate.
#	E0710		Restraint, any type (body, chest, wrist or ankle).		
	E0935	RR	Continuous passive motion exercise device for use on knee only (complete). Includes continuous passive motion softgoods kit.	PA or EPA. See EPA Section G.	Rental allowed for maximum of 10 days.
#	E1300		Whirlpool, portable (overtub type).		
#	E1310		Whirlpool, nonportable (built-in type).		

= Not covered by the DME program.
 Ø = Not covered by DSHS.

D = Discontinued.
 N = New

P = Policy change

Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	E1399	NU	Durable medical equipment, miscellaneous. (Breast pump kit, electric).	<i>EPA #870000764 must be used when billing this item. See EPA Section G.</i>	Purchase only.
	E2000	RR	Gastric suction pump, home model, portable or stationary, electric.	Yes	Rental only.
#	K0606		Automatic external defibrillator, with integrated electrocardiogram analysis, garment type.		
#	K0607		Replacement battery for automated external defibrillator, garment type only, each.		
#	K0608		Replacement garment for use with automated external defibrillator, each.		
#	K0609		Replacement electrodes for use with automated external defibrillator, garment type only, each.		
	T5001	NU RR	Positioning seat for persons with special orthopedic needs, for use in vehicles (5 years and older).	Rental and clients younger than 5 years of age require PA.	Included in nursing facility daily rate.

= Not covered by the DME program.
 Ø = Not covered by DSHS.

D = Discontinued.
 N = New

P = Policy change

Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
-----------------------------	---------------	----------	-------------	-----	---------------------

Other Charges for DME Services

#	A9281		Reaching/grabbing device, any type, any length, each.		
#	A9282		Wig, any type, each.		
#	E0200		Heat/Cold Application. Heat lamp, without stand (table model), includes bulb, or infrared element.		
#	E0203		Therapeutic lightbox, minimum 10,000 lux, table top model.		
#	E0205		Heat lamp, with stand, includes bulb, or infrared element.		
#	E0210		Electric heat pad, standard.		
#	E0215		Electric heat pad, moist.		
#	E0217		Water circulating heat pad with pump.		
#	E0218		Water circulating cold pad with pump.		
#	E0220		Hot water bottle.		
#	E0221		Infrared heating pad system.		
#	E0225		Hydrocollator unit, includes pads.		

= Not covered by the DME program.
Ø = Not covered by DSHS.

D = Discontinued.
N = New

P = Policy change

Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
#	E0230		Ice cap or collar.		
#	E0231		Non-contact wound warming device (temperature control unit, AC adapter and power cord) for use with warming card and wound cover.		
#	E0232		Warming card for use with the non-contact wound warming device and non-contact wound warming wound cover.		
#	E0235		Paraffin bath unit, portable (see medical supply code A4265 for paraffin).		
#	E0236		Pump for water circulating pad.		
#	E0238		Nonelectric heat pad, moist.		
#	E0239		Hydrocollator unit, portable.		
#	E0249		Pad for water circulating heat unit.		
	E1340		Labor, other DME repairs (other than wheelchairs), per quarter hour. (Trouble shooting, delivery, evaluations, travel time, etc. are included in the reimbursement of the items).	Yes	For client-owned equipment only.

= Not covered by the DME program.
Ø = Not covered by DSHS.

D = Discontinued.
N = New

P = Policy change

Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	E1399	NU RR	Durable medical equipment, miscellaneous. (Other nonlisted durable medical equipment not otherwise listed).	Yes	Provide complete description including copy of manufacturer's product information and price catalog with request for authorization.

= Not covered by the DME program.
Ø = Not covered by DSHS.

D = Discontinued.
N = New

P = Policy change

Wheelchair Coverage Table

Manual Wheelchairs (Covered HCPCS Codes)

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	E1031	NU	Rollabout chair, any and all types with casters five inches or greater.	Yes	
#	E1039		Transport chair, adult size, heavy duty, patient weight capacity greater than 300 pounds.		
	E1060	RR	Fully reclining wheelchair; detachable arms, desk or full-length, swing-away, detachable, elevating legrests.	Yes. See EPA Section G.	
	E1161	NU	Manual adult size wheelchair, includes tilt in space.	Yes	
	E1229	NU	Wheelchair, pediatric size, not otherwise specified.	Yes	
	E1231	NU	Wheelchair, pediatric size, tilt-in- space, rigid, adjustable, with seating system.	Yes	
	E1232	NU	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system.	Yes	

Note: All wheelchairs and wheelchair rentals require prior authorization. Rental rates are monthly unless otherwise indicated.

= Not covered by the DME program
P = Policy change

D = Discontinued
N = New

Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	E1233	NU	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system.	Yes	
	E1234	NU	Wheelchair, pediatric size, tilt in space, folding, adjustable, without seating system.	Yes	
	E1235	NU	Wheelchair, pediatric size, rigid, adjustable, with seating system.	Yes	
	E1236	NU	Wheelchair, pediatric size, folding, adjustable, with seating system.	Yes	
	E1237	NU RR	Wheelchair, pediatric size, rigid, adjustable, without seating system.	Yes	
	E1238	NU	Wheelchair, pediatric size, folding, adjustable, without seating system.	Yes	
	K0001	NU RR	Standard wheelchair (all styles of arms, foot rests, and/or leg rests).	Yes. See EPA Section G (for rental only).	
	K0002	NU RR	Standard hemi(low seat) for wheelchair	Yes	

Note: All wheelchairs and wheelchair rentals require prior authorization. Rental rates are monthly unless otherwise indicated.

= Not covered by the DME program
P = Policy change

D = Discontinued
N = New

Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	K0003	NU RR	Lightweight wheelchair (all styles of arms, foot rests, and/or leg rests).	Yes. See EPA Section G (for rental only).	
	K0004	NU	High strength, lightweight wheelchair.	Yes	
	K0005	NU	Ultralightweight wheelchair.	Yes	
	K0006	NU RR	Heavy-duty wheelchair (all styles of arms, foot rests, and/or leg rests).	Yes. See EPA Section G.	
	K0007	NU	Extra heavy-duty wheelchair.	Yes	
	K0009	NU	Other manual wheelchair/base.	Yes	

Manual Wheelchairs (Noncovered HCPCS Codes)

#	E1037		Transport chair, pediatric size.		
#	E1038		Transport chair, adult size, patient weight capacity up to and including 300 pounds.		
#	E1050		Fully reclining wheelchair; fixed full-length arms, swing-away, detachable, elevating legrests.		See codes K0003 and E1226.

Note: All wheelchairs and wheelchair rentals require prior authorization. Rental rates are monthly unless otherwise indicated.

= Not covered by the DME program
P = Policy change

D = Discontinued
N = New

Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
#	E1070		Fully reclining wheelchair; detachable arms, desk or full-length, swing-away, detachable footrests.		See codes K0003 and E1226.
#	E1083		Hemi-wheelchair; fixed full-length arms, swing-away, detachable, elevating legrests.		See code K0002 or K0003.
#	E1084		Hemi-wheelchair; detachable arms, desk or full-length, swing-away, detachable, elevating legrests.		See code K0002 or K0003.
#	E1085		Hemi-wheelchair; fixed full-length arms, swing-away, detachable footrests.		See code K0002 or K0003.
#	E1086		Hemi-wheelchair; detachable arms, desk or full-length, swing-away, detachable footrests.		See code K0002 or K0003.
#	E1087		High-strength lightweight wheelchair; fixed full-length arms, swing-away, detachable, elevating legrests.		See code K0004.
#	E1088		High-strength lightweight wheelchair; detachable arms, desk or full-length, swing-away, detachable, elevating legrests.		See code K0004.
#	E1089		High-strength lightweight wheelchair; fixed-length arms, swing-away, detachable footrests.		See code K0004.

Note: All wheelchairs and wheelchair rentals require prior authorization. Rental rates are monthly unless otherwise indicated.

= Not covered by the DME program
P = Policy change

D = Discontinued
N = New

Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
#	E1090		High-strength lightweight wheelchair; detachable arms, desk or full-length, swing-away, detachable footrests.		See code K0004.
#	E1092		Wide, heavy-duty wheelchair; detachable arms, desk or full-length, swing-away, detachable, elevating legrests.		See code K0007.
#	E1093		Wide, heavy-duty wheelchair; detachable arms, desk or full-length arms, swing-away, detachable footrests.		See code K0007.
#	E1100		Semi-reclining wheelchair; fixed full-length arms, swing-away, detachable, elevating legrests.		See codes K0003 and E1226.
#	E1110		Semi-reclining wheelchair; detachable arms, desk or full-length, elevating legrests.		See codes K0003 and E1226.
#	E1130		Standard wheelchair; fixed full-length arms, fixed or swing-away, detachable footrests.		See code K0001.
#	E1140		Wheelchair; detachable arms, desk or full-length, swing-away, detachable footrests.		See code K0001.
#	E1150		Wheelchair; detachable arms, desk or full-length, swing-away, detachable, elevating legrests.		See K0001.

Note: All wheelchairs and wheelchair rentals require prior authorization. Rental rates are monthly unless otherwise indicated.

= Not covered by the DME program
P = Policy change

D = Discontinued
N = New

Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
#	E1160		Wheelchair; fixed full-length arms, swing-away, detachable, elevating legrests.		
#	E1170		Amputee wheelchair; fixed full-length arms, swing-away, detachable, elevating legrests.		See codes K0001 - K0005.
#	E1171		Amputee wheelchair; fixed full-length arms, without footrests or legrests.		See codes K0001 - K0005.
#	E1172		Amputee wheelchair; detachable arms, desk or full-length, without footrests or legrests.		See codes K0001 - K0005.
#	E1180		Amputee wheelchair; detachable arms, desk or full-length, swing-away, detachable footrests.		See codes K0001 - K0005.
#	E1190		Amputee wheelchair; detachable arms, desk or full-length, swing-away, detachable, elevating legrests.		See codes K0001 - K0005.
#	E1195		Heavy duty wheelchair; fixed full-length arms, swing-away, detachable, elevating legrests.		See code K0007.
#	E1200		Amputee wheelchair; fixed full-length arms, swing-away, detachable footrests.		See codes K0001 - K0005.

Note: All wheelchairs and wheelchair rentals require prior authorization. Rental rates are monthly unless otherwise indicated.

= Not covered by the DME program
P = Policy change

D = Discontinued
N = New

Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
#	E1240		Lightweight wheelchair; detachable arms, desk or full-length, swing-away, detachable, elevating legrests.		See code K0003 or K0004.
#	E1250		Lightweight wheelchair; fixed full-length arms, swing-away, detachable, footrests.		See code K0003 or K0004.
#	E1260		Lightweight wheelchair; detachable arms, desk or full-length, swing-away, detachable footrests.		See code K0003 or K0004.
#	E1270		Lightweight wheelchair; fixed full-length arms, swing-away, detachable elevating legrests.		See code K0003 or K0004.
#	E1280		Heavy-duty wheelchair; detachable arms, desk or full-length, elevating legrests.		See code K0007.
#	E1285		Heavy-duty wheelchair; fixed full-length arms, swing-away, detachable footrests.		See code K0007.
#	E1290		Heavy-duty wheelchair; detachable arms, desk or full-length, swing-away, detachable footrests.		See code K0007.
#	E1295		Heavy-duty wheelchair; fixed full-length arms, elevating legrests.		See code K0007.

Note: All wheelchairs and wheelchair rentals require prior authorization. Rental rates are monthly unless otherwise indicated.

= Not covered by the DME program
P = Policy change

D = Discontinued
N = New

Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
-----------------------------	---------------	----------	-------------	-----	---------------------

Power Wheelchairs (Covered HCPCS Codes)

	E1230	NU	Power operated vehicle (three- or four-wheel nonhighway), specify brand name and model number.	Yes	
	E1239	NU	Power wheelchair, pediatric size, not otherwise specified.	Yes	
	K0010	NU RR	Standard-weight frame motorized/power wheelchair.	Yes	
	K0011	NU RR	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking.	Yes	
	K0012	NU RR	Lightweight portable motorized/power wheelchair.	Yes	
	K0014	NU	Other motorized/power wheelchair base.	Yes	

Note: All wheelchairs and wheelchair rentals require prior authorization. Rental rates are monthly unless otherwise indicated.

= Not covered by the DME program
P = Policy change

D = Discontinued
N = New

Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
-----------------------------	---------------	----------	-------------	-----	---------------------

Special Size Wheelchairs - Power or Manual (Noncovered HCPCS Codes)

#	E1220		Wheelchair; specially sized or constructed (indicate brand name, model number, if any, and justification).		See code K0009 or K0014.
#	E1221		Wheelchair with fixed arm, footrests.		See codes K0001 - K0014.
#	E1222		Wheelchair with fixed arm, elevating legrests.		See codes K0001 - K0014.
#	E1223		Wheelchair with detachable arms, footrests.		See codes K0001 - K0014.
#	E1224		Wheelchair with detachable arms, elevating legrests.		See codes K0001 - K0014.

Note: All wheelchairs and wheelchair rentals require prior authorization. Rental rates are monthly unless otherwise indicated.

= Not covered by the DME program
P = Policy change

D = Discontinued
N = New

Wheelchair Modifications, Accessories, and Repairs

Cushions

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	E0977		Wedge cushion, wheelchair.	Yes	
	E2601		General use wheelchair seat cushion, width less than 22 inches, any depth.	Yes	
	E2602		General use wheelchair seat cushion, width 22 inches or greater, any depth.	Yes	
	E2603		Skin protection wheelchair seat cushion, width less than 22 inches, any depth.	Yes	
	E2604		Skin protection wheelchair seat cushion, width 22 inches or greater, any depth.	Yes	
	E2605		Positioning wheelchair seat cushion, width less than 22 inches, any depth.	Yes	
	E2606		Positioning wheelchair seat cushion, width 22 inches or greater, any depth.	Yes	

Note: All modifications, accessories, and repairs require prior authorization.

= Not covered by the DME program.
Ø = Not covered by DSHS.

D = Discontinued.
N = New

P = Policy change

Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	E2607		Skin protection and positioning wheelchair seat cushion, width less than 22 inches, any depth.	Yes	
	E2608		Skin protection and positioning wheelchair seat cushion, width 22 inches or greater, any depth.	Yes	
	E2609		Custom fabricated wheelchair seat cushion, any size.	Yes	
	E2610		Wheelchair seat cushion, powered.	Yes	

Custom Frame Up-Charges

	E1014		Reclining back, addition to pediatric wheelchair.	Yes	
	E1225		Manual wheelchair accessory, semi-reclining back (recline greater than 15 degrees, but less than 80 degrees), each.	Yes	
	E1226		Manual wheelchair accessory, fully reclining back, each.	Yes	
	E1227		Special height arms for wheelchair (up-charge by construction).	Yes	

Note: All modifications, accessories, and repairs require prior authorization.

= Not covered by the DME program.
 Ø = Not covered by DSHS.

D = Discontinued.
 N = New

P = Policy change

Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	E1228		Special back height for wheelchair.	Yes	
#	E1296		Special wheelchair seat height from floor.		See code K0056.
	E1297		Special wheelchair seat depth, by upholstery.	Yes	
	E1298		Special wheelchair seat depth and/or width, by construction.	Yes	
	E2201		Manual wheelchair accessory, nonstandard seat frame, width greater than or equal to 20 inches and less than 24 inches.	Yes	
	E2202		Manual wheelchair accessory, nonstandard seat frame width, 24-27 inches.	Yes	
	E2203		Manual wheelchair accessory, nonstandard seat frame depth, 20 to less than 22 inches.	Yes	
	E2204		Manual wheelchair accessory, nonstandard seat frame depth, 22 to 25 inches.	Yes	
	E2340		Power wheelchair accessory, nonstandard seat frame width, 20-23 inches.	Yes	

Note: All modifications, accessories, and repairs require prior authorization.

= Not covered by the DME program.
 Ø = Not covered by DSHS.

D = Discontinued.
 N = New

P = Policy change

Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	E2341		Power wheelchair accessory, nonstandard seat frame width, 24-27 inches.	Yes	
	E2342		Power wheelchair accessory, nonstandard seat frame depth, 20 or 21 inches.	Yes	
	E2343		Power wheelchair accessory, nonstandard seat frame depth, 22-25 inches.	Yes	
	K0056		Seat height less than 17 inches or equal to or greater than 21 inches for a high strength, lightweight, or ultralightweight wheelchair.	Yes	

Armrests and Parts

	E0973		Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each.	Yes	
	E0994		Armrest, each (replacement only).	Yes	
	E2209		Wheelchair Accessory, Arm Trough, Each (includes attaching hardware).	Yes	
	K0015		Detachable, nonadjustable height armrest, each.	Yes	

Note: All modifications, accessories, and repairs require prior authorization.

= Not covered by the DME program.
 Ø = Not covered by DSHS.

D = Discontinued.
 N = New

P = Policy change

Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	K0017		Detachable, adjustable height armrest, base, each (replacement only).	Yes	
	K0018		Detachable, adjustable height armrest, upper portion, each (replacement only).	Yes	
	K0019		Arm pad, each (replacement only).	Yes	
	K0020		Fixed, adjustable height armrest, pair.	Yes	

Lower Extremity Positioning (legrests, etc.)

	E0951		Heel loop/holder, with or without ankle strap, each.	Yes	
	E0952		Toe loop/holder each.	Yes	
	E0990		Wheelchair accessory, elevating leg rest, complete assembly, each.	Yes	
	E0995		Wheelchair accessory, calf rest/pad, each.	Yes	
	K0037		High mount flip-up footrest, each.	Yes	
	K0038		Leg strap, each.	Yes	
	K0039		Leg strap, H style, each.	Yes	

Note: All modifications, accessories, and repairs require prior authorization.

= Not covered by the DME program.
Ø = Not covered by DSHS.

D = Discontinued.
N = New

P = Policy change

Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	K0040		Adjustable angle footplate, each.	Yes	
	K0041		Large size footplate, each.	Yes	
	K0042		Standard size footplate, each	Yes	
	K0043		Footrest, lower extension tube, each.	Yes	
	K0044		Footrest, upper hanger bracket, each (replacement).	Yes	
	K0045		Footrest, complete assembly.	Yes	
	K0046		Elevating legrest, lower extension tube, each.	Yes	
	K0047		Elevating legrest, upper hanger bracket, each (replacement).	Yes	
	K0050		Ratchet assembly (replacement).	Yes	
	K0051		Cam release assembly, footrest or legrest, each (replacement).	Yes	
	K0052		Swingaway, detachable footrests, each.	Yes	
	K0053		Elevating footrests, articulating (telescoping), each.	Yes	

Note: All modifications, accessories, and repairs require prior authorization.

= Not covered by the DME program.
 Ø = Not covered by DSHS.

D = Discontinued.
 N = New

P = Policy change

Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
-----------------------------	---------------	----------	-------------	-----	---------------------

Seating and Positioning

	E0950		Wheelchair accessory, tray, each (includes attaching hardware).	Yes	
	E0955		Wheelchair accessory, headrest, cushioned, prefabricated, including (all standard) mounting hardware, each.	Yes	
	E0956		Wheelchair accessory, lateral trunk or hip support, prefabricated, including fixed mounting hardware, each.	Yes	
	E0957		Wheelchair accessory, medial-thigh support, prefabricated, including fixed mounting hardware, each.	Yes	
	E0960		Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware.	Yes	
	E0978		Wheelchair accessory, safety belt/pelvic strap, each.	Yes	
	E0980		Safety vest, wheelchair.	Yes	
	E0981		Wheelchair accessory, seat upholstery, replacement only, each.	Yes	

Note: All modifications, accessories, and repairs require prior authorization.

= Not covered by the DME program.
Ø = Not covered by DSHS.

D = Discontinued.
N = New

P = Policy change

Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	E0982		Wheelchair accessory, back upholstery, replacement only, each.	Yes	
	E0992		Manual wheelchair accessory, solid seat insert.	Yes	
	E2291		Back, planar, for pediatric size wheelchair including fixed attaching hardware.	Yes	
	E2292		Seat, planar, for pediatric size wheelchair including fixed attaching hardware.	Yes	
	E2293		Back, contoured, for pediatric size wheelchair including fixed attaching hardware.	Yes	
	E2294		Seat, contoured, for pediatric size wheelchair including fixed attaching hardware.	Yes	
	E2611		General use wheelchair back cushion, width less than 22 inches, any height, including any type mounting hardware.	Yes	
	E2612		General use wheelchair back cushion, width 22 inches or greater, any height, including any type mounting hardware.	Yes	

Note: All modifications, accessories, and repairs require prior authorization.

= Not covered by the DME program.
 Ø = Not covered by DSHS.

D = Discontinued.
 N = New

P = Policy change

Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	E2613		Positioning wheelchair back cushion, posterior, width less than 22 inches, any height, including any type mounting hardware.	Yes	
	E2614		Positioning wheelchair back cushion, posterior, width 22 inches or greater, any height, including any type mounting hardware.	Yes	
	E2615		Positioning wheelchair back cushion, posterior-lateral, width less than 22 inches, any height, including any type mounting hardware.	Yes	
	E2616		Positioning wheelchair back, posterior-lateral, width 22 inches or greater, any height, including any type mounting hardware.	Yes	
	E2617		Custom fabricated wheelchair back cushion, any size, including any type mounting hardware	Yes	
	E2618		Wheelchair accessory, solid seat support base (replaces sling seat), for use with manual wheelchair or lightweight power wheelchair, includes any type mounting hardware.	Yes	

Note: All modifications, accessories, and repairs require prior authorization.

= Not covered by the DME program.
Ø = Not covered by DSHS.

D = Discontinued.
N = New

P = Policy change

Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	E2620		Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 inches, any height, including any type mounting hardware.	Yes	
	E2621		Positioning wheelchair back cushion, planar back with lateral supports, width 22 inches or greater, any height, including any type mounting hardware.	Yes	
#	K0669		Wheelchair accessory, wheelchair seat or back cushion, does not meet specific code criteria or no written coding verification from SADMERC.	Yes	

Note: All modifications, accessories, and repairs require prior authorization.

= Not covered by the DME program.
 Ø = Not covered by DSHS.

D = Discontinued.
 N = New

P = Policy change

Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
-----------------------------	---------------	----------	-------------	-----	---------------------

Hand rims, Wheels, and Tires (includes parts)

	E0967		Manual wheelchair accessory, hand rim with projections, each.	Yes	
	E0997		Caster with fork.	Yes	
	E0998		Caster without fork.	Yes	
	E0999		Pneumatic tire with wheel.	Yes	
	E2211		Manual wheelchair accessory, pneumatic propulsion tire, any size, each.	Yes	
	E2212		Manual wheelchair accessory, tube for pneumatic propulsion tire, any size, each.	Yes	
	E2213		Manual wheelchair accessory, insert for pneumatic propulsion tire (removable), any type, any size, each.	Yes	
	E2214		Manual wheelchair accessory, pneumatic caster tire, any size, each.	Yes	
	E2215		Manual wheelchair accessory, hand rim with projections, each.	Yes	
	E2216		Manual wheelchair accessory, foam filled propulsion tire, any size, each.	Yes	

Note: All modifications, accessories, and repairs require prior authorization.

= Not covered by the DME program.
Ø = Not covered by DSHS.

D = Discontinued.
N = New

P = Policy change

Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	E2217		Manual wheelchair accessory, foam filled caster tire, any size, each.	Yes	
	E2218		Manual wheelchair accessory, foam propulsion tire, any size, each.	Yes	
	E2219		Manual wheelchair accessory, foam caster tire, any size, each. Code Added.	Yes	
	E2220		Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, each.	Yes	
	E2221		Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, each.	Yes	
	E2222		Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, each.	Yes	
	E2223		Manual wheelchair accessory, valve, any type, replacement only, each.	Yes	
	E2224		Manual wheelchair accessory, propulsion wheel excludes tire, any size, each.	Yes	
	E2225		Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only, each.	Yes	

Note: All modifications, accessories, and repairs require prior authorization.

= Not covered by the DME program.
Ø = Not covered by DSHS.

D = Discontinued.
N = New

P = Policy change

Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	E2226		Manual wheelchair accessory, caster fork, any size, replacement only, each.	Yes	
	K0065		Spoke protectors, each.	Yes	
	K0069		Rear wheel assembly, complete, with solid tire, spokes or molded, each.	Yes	
	K0070		Rear wheel assembly, complete with pneumatic tire, spokes or molded, each.	Yes	
	K0071		Front caster assembly, complete, with pneumatic tire, each.	Yes	
	K0072		Front caster assembly, complete, with semipneumatic tire, each.	Yes	
	K0073		Caster pin lock, each.	Yes	
	K0077		Front caster assembly, complete, with solid tire, each.	Yes	
	K0090		Rear wheel tire for power wheelchair, any size, each.	Yes	
	K0091		Rear wheel tire tube other than zero pressure for power wheelchair, any size, each.	Yes	

Note: All modifications, accessories, and repairs require prior authorization.

= Not covered by the DME program.
 Ø = Not covered by DSHS.

D = Discontinued.
 N = New

P = Policy change

Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	K0092		Rear wheel assembly for power wheelchair, complete, each.	Yes	
	K0093		Rear wheel zero pressure tire tube (flat free insert) for power wheelchair, any size, each.	Yes	
	K0094		Wheel tire for power base, any size, each.	Yes	
	K0095		Wheel tire tube other than zero pressure for each base, any size, each.	Yes	
	K0096		Wheel assembly for power base, complete, each.	Yes	
	K0097		Wheel zero pressure tire tube (flat free insert) for power base, any size, each.	Yes	
	K0099		Front caster for power wheelchair.	Yes	

Other Accessories (manual and power)

	E0958		Manual wheelchair accessory, one-arm drive attachment, each.	Yes	
	E0959		Manual wheelchair accessory, adapter for amputee, each.	Yes	

Note: All modifications, accessories, and repairs require prior authorization.

= Not covered by the DME program.
Ø = Not covered by DSHS.

D = Discontinued.
N = New

P = Policy change

Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	E0961		Manual wheelchair accessory, wheel lock brake extension (handle), each.	Yes	Changed from pair to each with new description.
	E0971		Manual wheelchair accessory, anti-tipping device, each.	Yes	
	E0974		Manual wheelchair accessory, anti-rollback device, each.	Yes	Changed from pair to each with new description.
	E1015		Shock absorber for manual wheelchair, each.	Yes	
	E1017		Heavy duty shock absorber for heavy duty or extra heavy duty manual wheelchair, each.	Yes	
	E1020		Residual limb support system for wheelchair.	Yes	
	E1029		Wheelchair accessory, ventilator tray, fixed.	Yes	
	E1030		Wheelchair accessory, ventilator tray, gimbaled.	Yes	
	E2206		Manual wheelchair accessory, wheel lock assembly, complete, each.	Yes	
	E2207		Wheelchair accessory, crutch and cane holder, each.	Yes	

Note: All modifications, accessories, and repairs require prior authorization.

= Not covered by the DME program.
Ø = Not covered by DSHS.

D = Discontinued.
N = New

P = Policy change

Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	E2208		Wheelchair accessory, cylinder tank carrier, each.	Yes	
	K0105		IV hanger, each.	Yes	
	K0108		Other accessories.	Yes	

Manual Wheelchair Conversions

	E0983		Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, joystick control.	Yes	
	E0984		Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, tiller control.	Yes	
	E0985		Wheelchair accessory, seat lift mechanism.	Yes	
	E0986		Manual wheelchair accessory, push-rim activated power assist, each.	Yes	
	E1065		Power attachment (to convert any wheelchair to motorized wheelchair, e.g., Solo).	Yes	

Note: All modifications, accessories, and repairs require prior authorization.

= Not covered by the DME program.
 Ø = Not covered by DSHS.

D = Discontinued.
 N = New

P = Policy change

Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
-----------------------------	---------------	----------	-------------	-----	---------------------

Power Wheelchair Add-on Functions and Controls

	E1002		Wheelchair accessory, power seating system, tilt only.	Yes	
	E1003		Wheelchair accessory, power seating system, recline only, without shear reduction.	Yes	
	E1004		Wheelchair accessory, power seating system, recline only, with mechanical shear reduction.	Yes	
	E1005		Wheelchair accessory, power seating system, recline only, with power shear reduction.	Yes	
	E1006		Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction.	Yes	
	E1007		Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction.	Yes	
	E1008		Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction.	Yes	

Note: All modifications, accessories, and repairs require prior authorization.

= Not covered by the DME program.
Ø = Not covered by DSHS.

D = Discontinued.
N = New

P = Policy change

Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	E1009		Wheelchair accessory, addition to power seating system, mechanically linked leg elevation system, including pushrod and legrest, each.	Yes	
	E1010		Wheelchair accessory, addition to power seating system, power leg elevation system, including leg rest, each.	Yes	
	E1016		Shock absorber for power wheelchair, each.	Yes	
	E1018		Heavy duty shock absorber for heavy duty or extra heavy duty power wheelchair, each.	Yes	
	E1028		Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for joystick, other control interface or positioning accessory.	Yes	
	E2300		Power wheelchair accessory, power seat elevation system.	Yes	
	E2301		Power wheelchair accessory, power standing system.	Yes	

Note: All modifications, accessories, and repairs require prior authorization.

= Not covered by the DME program.
 Ø = Not covered by DSHS.

D = Discontinued.
 N = New

P = Policy change

Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	E2310		Power wheelchair accessory, electronic connection between wheelchair controller & one power seating system motor, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware.	Yes	
	E2311		Power wheelchair accessory, electronic connection between wheelchair controller and two or more power seating system motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware.	Yes	
	E2320		Power wheelchair accessory, hand or chin control interface, remote joystick or touchpad, proportional, including all related electronics, and fixed mounting hardware.	Yes	
	E2321		Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware.	Yes	

Note: All modifications, accessories, and repairs require prior authorization.

= Not covered by the DME program.
 Ø = Not covered by DSHS.

D = Discontinued.
 N = New

P = Policy change

Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	E2322		Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware.	Yes	
	E2323		Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated.	Yes	
	E2324		Power wheelchair accessory, chin cup for chin control interface.	Yes	
	E2325		Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware.	Yes	
	E2326		Power wheelchair accessory, breath tube kit for sip and puff interface.	Yes	

Note: All modifications, accessories, and repairs require prior authorization.

= Not covered by the DME program.
 Ø = Not covered by DSHS.

D = Discontinued.
 N = New

P = Policy change

Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	E2327		Power wheelchair accessory, head control interface, mechanical, proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware.	Yes	
	E2328		Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics and fixed mounting hardware.	Yes	
	E2329		Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware.	Yes	
	E2330		Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware.	Yes	

Note: All modifications, accessories, and repairs require prior authorization.

= Not covered by the DME program.
 Ø = Not covered by DSHS.

D = Discontinued.
 N = New

P = Policy change

Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	E2331		Power wheelchair accessory, attendant control, proportional, including all related electronics and fixed mounting hardware.	Yes	
	E2351		Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface.	Yes	
	E2399		Power wheelchair accessory, not otherwise classified interface, including all related electronics and any type mounting hardware.	Yes	

Note: All modifications, accessories, and repairs require prior authorization.

= Not covered by the DME program.
 Ø = Not covered by DSHS.

D = Discontinued.
 N = New

P = Policy change

Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
-----------------------------	---------------	----------	-------------	-----	---------------------

Batteries and Chargers

	E2360		Power wheelchair accessory, 22 NF non-sealed lead acid battery, each.	Yes	
	E2361		Power wheelchair accessory, 22 NF sealed lead acid battery, each (e.g. gel cell, absorbed glassmat).	Yes	
	E2363		Power wheelchair accessory, group 24 sealed lead acid battery, each (e.g. gel cell, absorbed glassmat).	Yes	
	E2365		Power wheelchair accessory, U-1sealed lead acid battery, each (e.g. gell cell, absorbed glassmat).	Yes	
	E2366		Power wheelchair accessory, battery charger, single mode, for use with only one battery type, sealed or non-sealed, each.	Yes	
	E2367		Power wheelchair accessory, battery charger, dual mode, for use with either battery type, sealed or non-sealed, each.	Yes	
	E2371		Power wheelchair accessory, group 27 sealed lead acid battery, (e.g. gell cell, absorbed glassmat), each.	Yes	

Note: All modifications, accessories, and repairs require prior authorization.

= Not covered by the DME program.
Ø = Not covered by DSHS.

D = Discontinued.
N = New

P = Policy change

Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	E2372		Power wheelchair accessory, group 27 non-sealed lead acid battery, each.	Yes	

Miscellaneous Repair Only

	E1011		Modification to pediatric wheelchair, width adjustment package (not to be dispensed with initial chair).	Yes	
	E1340		Repair or nonroutine service for durable medical equipment requiring the skill of a technician, labor component, per 15 minutes. (Troubleshooting, delivery, evaluations, travel time, etc. are included in the reimbursement for the parts and accessories.).	Yes	
	E2205		Manual wheelchair accessory, hand rim without projections, any type, replacement only, each.	Yes	
	E2210		Wheelchair accessory, bearings, any type, replacement only, each.	Yes	
	E2368		Power wheelchair component, motor, replacement only.	Yes	

Note: All modifications, accessories, and repairs require prior authorization.

= Not covered by the DME program.
Ø = Not covered by DSHS.

D = Discontinued.
N = New

P = Policy change

Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	E2369		Power wheelchair component, gear box, replacement only.	Yes	
	E2370		Power wheelchair component, motor and gear box combination, replacement only.	Yes	
	E2619		Replacement cover for wheelchair seat cushion or back cushion, each.	Yes	
	K0098		Drive belt for power wheelchair.	Yes	

Accessories (Noncovered HCPCS Codes)

#	E0177		Water pressure pad or cushion, nonpositioning.		
#	E0966		Manual wheelchair accessory, headrest extension, each.		
#	E0968		Commode seat, wheelchair.		
#	E0969		Narrowing device, wheelchair.		
#	E0970		No. 2 footplates, except for elevating legrest.		See codes K0037 and K0042.
#	E2362		Power wheelchair accessory, group 24 non-sealed lead acid battery, each.		

Note: All modifications, accessories, and repairs require prior authorization.

= Not covered by the DME program.
 Ø = Not covered by DSHS.

D = Discontinued.
 N = New

P = Policy change

Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
#	E2364		Power wheelchair accessory, U-1 non-sealed lead acid battery, each.		
#	K0195		Elevating leg rest, pair (for use with capped rental wheelchair base).		

Note: All modifications, accessories, and repairs require prior authorization.

= Not covered by the DME program.
Ø = Not covered by DSHS.

D = Discontinued.
N = New

P = Policy change

Wheelchairs, Durable Medical Equipment, and Supplies

The following forms can be downloaded from DSHS's Electronic Forms

Website at: <http://www1.dshs.wa.gov/msa/forms/eforms.html>

- Physical/Occupational Therapy Wheelchair Evaluation Form for Nursing Facility
- Wheelchair Purchase Evaluation Form (for home clients only)

The Wheelchair Fee Schedule (previously found in Section I) is now located in the appendix. To view or download the Fee Schedule, click [Appendix](#).

This page intentionally left blank.

The “Other” DME Fee Schedule (previously found in Section J) is now located in the appendix. To view or download the Fee Schedule, click [Appendix](#).

This page intentionally left blank.